1998 AR1000NR ARKANSAS INDIVIDUAL INCOME TAX RETURN

	I J J U AITH TOUVINI I NONTESIDENT AND PART YEAR F IAN 1 - DEC 31, 1998 OR FISCAL YEAR ENDING , 19	ายรเนยกเ •							1			
	FIRST NAME AND INITIAL (List both if applicable)	• LAST NA	ME(S) (See Instructions)	)	• Y	OUR SOCIAL SECURIT	Y NUM	BER	_			
						I		I				
USE LABEL Print or type	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT NUMBER OR RURAL R	ROLITE			• SI	POUSE SOCIAL SECUR	ITY NH	IMBER	_			
LAB OR 1	THESENT ADDRESS NOMBELLAND STILET, ALARMMENT NOMBELLOTTIONAL NOSTE				S. SOSE SOSINE SECONITY MONIBER							
발												
PR	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE					HOME TELEPHONE:						
					WORK	TELEPHONE:						
	ATTACK A CODY OF YOUR COMPLETE FEDERAL DETURN	NONRESID	ENT: (List State of reside	ence)	PART \	YEAR RESIDENT:(Time	of resid	dency in AR)	_			
	ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN.											
Pox Box	1. • SINGLE: (Or widowed before 1998 or divorced at end of 1998)	1. ● SINGLE: (Or widowed before 1998 or divorced at end of 1998)  4. ● MARRIED FILING SEPARATELY				E SAME RETURN						
TATI One	2. ● MARRIED FILING JOINT: (Even if only one had income)  5. ● MARRIED FILING SEPARA											
FILING STATUS Check Only One Box		3. ● ☐ HEAD OF HOUSEHOLD: (See Instructions)  If the qualifying person is your child but not your dependent, enter  (Enter spouse's full name here 6. ● ☐ QUALIFYING WIDOW(ER): with										
il III	If the qualifying person is your child but not your dependent, enter this child's name here:			ise died): 19								
<u> </u>									_			
	HAVE YOU FILED A FEDERAL EXTENSION? • Check this box if you have f	iled an Automat	ic Federal Extension Forr	n 4868. <i>(See Instructions</i>	).				_			
TS	7A. ☐ YOURSELF • ☐ 65 or OVER • ☐ 65 SPECIAL • ☐ BL											
CREDITS	SPOUSE ● G5 or OVER ● G5 SPECIAL ● BL			ING WIDOW(ER)	_	00.00			00			
				from Line 7A rom Line 7B	_							
PERSONAL	7C. First name(s) of retarded child(ren): (See Instructions).	multiply num	oci di dependent(s) ii	om Line 75								
ERS		Multiply num	per of retarded child(i	ren) from Line 7C	● [	x 500.00 =			00			
Ы	7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C.) (Enter total her	re and on Line	: 43)			7D			00			
	DOUND ALL INCOME FIGURES TO MUCUE DOLLAR AMOUNTS			A YOUR TOTAL INCOME	В	SPOUSE INCOME Status 4 only	C	ARKANSAS INCOME Only				
	ROUND ALL INCOME FIGURES TO WHOLE DOLLAR AMOUNTS  8. Wages, salaries, tips, etc		0		00	00						
s.	9A LLS military compensation pay: (Your/joint gross amount)	0.0	Less \$6 NNN 9A		00	01	,	-				
check on W-2s/1099s.	9B. U.S. military compensation pay: (Spouse gross amount)	00	Less \$6,000 9B			00	)					
V-2s/	10. Minister's income: Gross \$ Less rental value	\$			00	0	_					
on V	11. Interest income: (If over \$400.00, attach page AR4)				00	0						
reck	Dividend income: (If over \$400.00, attach page AR4)				00	0						
دە ⊔		Business or professional income: (Attach Federal Schedule C or C-EZ)										
INCOIN e / Plac	15. Capital gains and losses from stocks, bonds, etc.: (Attach Form AR1000.				00 •	0						
ere /	· · · · · · · · · · · · · · · · · · ·	pital gain distributions not reported on Line 15:					)		00 00 00 00			
ıgs h	17. Other gains or (losses): (Attach Federal Form 4797)				00	0						
INCOIM Attach W-2s/1099s here / Plac	18. IRA distributions and fully taxable annuities:  19A. Employer sponsored pension plan: (Your/joint gross amount)		Less \$6,000 19A		00	0	)					
	19B. Employer sponsored pension plan: (Spouse gross amount)		Less \$6,000 19B			00	)					
tach	DO NOT ADJUST LINES 19A AND 19B FOR COST RECOVERY. (											
At	20. Rents, royalties, partnerships, estates, trust, etc. (Attach Federal Schedul				00	00						
	21. Farm income: (Attach Federal Schedule F)				00	00						
	23. TOTAL INCOME: (Add Lines 8 through 22)				00	00						
	24. Payments to IRA and MSA (See Instructions for limitations,	)	24		00	00	)		00			
	25. Contributions to Intergenerational Trust: ( <i>See Instructions</i> ).				00	00						
	26. Moving expenses: (Attach Federal Form 3903 or 3903F)				00	00						
ENT	28. KEOGH and Self-employed SEP and SIMPLE Plans:				00	00						
ADJUSTMENTS	29. Forfeited interest penalty for premature withdrawal:		29		00	00						
DJU;	30. Alimony-separate maintenance paid to: Name:				00	00	_					
A	31. Border city exemption: (Attach Form AR-TX)				00		) •					
			00	1					OU			
	32 Support for permanently disabled child: (Attach Form AR1000DC) 33. TOTAL ADJUSTMENTS: (Add Lines 24 though 32)				00 •	00	) •					

						A	YOUR INCOME		B spo	USE INCO	ME STATUS	S 4 ONLY
	35.	ADJUSTED GROSS INCOME: (Froi	m Line 34, Columns A and B, Pa	ge NR1)	35		0	35				00
	36.	If you qualify for the Low Income To	ax Table, enter zero (0) on Line 3	6A and 36B. If not then:								
		Enter • Itemized	<b>Deductions</b> . See Itemized Dec	luction Schedule, Line 28,								
TAX COMPUTATION		the larger OR										
UTA		of your: Standard	<b>Deductions.</b> See Standard Dec	duction instructions, Line 36.	36 •			36				00
OMP	37.	NET TAXABLE INCOME: (Subtract	Line 36 from Line 35)		37 •		0	37	,			00
ΥC	38.	Select tax table: (Enter tax from tab	nle)		38		0	38				00
1		• LOW INCOME Table 1	REGULAR Table 2	• AR1000DGW								
	39.											00
		Enter tax from Lump Sum Distribut										00
	41.	IRA and qualified plan withdrawal a	and overpayment penalties: (Attac	ch Federal Form 5329 if requi	ired)			. 41	,			00
		TOTAL TAX: (Add Lines 39, 40 ar						. 42	,			00
		Personal Tax Credit(s): (Enter total					C	_				
		Working Taxpayer Credit: (See Inst					C	0				
ço		State Political Contributions credit:	·				C	0				
CREDITS		Other State tax credit(s): [Attach co					C	-				
S.	47.	Child care credit(s): (Attach Federa		·			C	-				
TAX	48.			*			C	_				
		Business and Incentive Tax Credits					0	_				
		TOTAL CREDITS: (Add Lines 43										00
		NET TAX: (Subtract Line 50 from				1	<u> </u>	_	)			00
APPORTIONMENTS		Enter the amount from Line 34, colu					C					
NO.		Enter the total amount from Line 34					C	_				
PORT		. Divide Line 51A by 51B. (See Instr										%
_A		APPORTIONED TAX LIABILITY							)			00
		Arkansas Income Tax withheld: (Att					0					
LS		Estimated tax paid or credit brough					0	-				
PAYMENTS		Payments made with extension: (So	· ·		54 •	'	C	)				
PΑ	ეე.	Early childhood program: Certificat (Attach Fed. Form 2441 or 1040A, C		of End. gradit allowed)								
	56	TOTAL PAYMENTS: (Add Lines &					C					00
		AMOUNT OF OVERPAYMENT/F										00
		Amount to be applied to 1999 estir	·		•			.3, 0	<u>'</u>			
DUE		Amount to be applied to 1993 estil			00			U				
AX D		Amount to be contributed to U.S. C	-		00							
		AMOUNT TO BE REFUNDED TO					REFUND	61	(i)			00
REFUND OR		AMOUNT DUE: [If Line 56 is less	**	-								00
EFI		Attach Form AR2210:			Penalty 62			0				
æ		Please attach your check for p	· · · · · · · · · · · · · · · · · · ·	our Social Security Num	-		'	_				
		and the amount for tax due an	· ·	·			TOTAL DUE	62 C •	,			00
	63.	63. Source of income not subject to Arkansas tax: (Memorandum only).										
		PLEASE SIGN HERE										
Æ		Under penalties of perjury, I declare that correct and complete. Declaration of prep					knowledge and belief, th	ey are t	rue,			
N.			paror (other than taxpayor) to based to		or nao any mi	- Iomougo.			Dete			
E SIG	Your	Signature		Occupation					Date			
PLEASE SIGN HERE	Snou	se's Signature		Occupation					Date			
4	Ороц	Opodoco dignaturo Occupation							Date			
PAID PREPARER	Paid	Preparer's Signature:	ID Number / Social Security Number:					FOR D	DEPARTM	FNT IISE I	UNIA	
	Tale Frequence Organical St.			• Nambol / Coolal Cooling Hullipol.					A	JEI AITTIII	•	JILI
	Name	3:		City / State / ZIP:					B •		<del></del>	
ID PF				,					C •			
PA	Addre	ess:		Telephone:						1		
			Mail <b>REFUND</b> returns to:	DFA State Income Tax, P. O. B	ov 1000 1 :++	la Rook AD	72202_1000		D•	-	T	
G	<b>A</b>	Nailing Information	Mail <b>TAX DUE</b> returns to:	DFA State Income Tax, P. O. Bo	ox 2144, Litt	le Rock, AR	72203-2144.		E •			
			Mail NO TAX DUE returns to:	DFA State Income Tax, P. O. B	ox 8026, Litt	le Rock, AR	72203-8026.		F●			